

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NHC HEALTHCARE, ATHENS

**1204 FRYE ST
ATHENS, TN 37303**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined clean linen storage areas were maintained under a relative positive air pressure and dirty areas under a negative pressure. The findings include: 1. Observation and interview on July 29, 2013 at 2:00 p.m. confirmed the clean linen room next to room 229 was not provided with an air supply. 2. Observation and interview on July 30, 2013 at 2:00 p.m. confirmed the physical therapy room exhaust was not working. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 29, 2013.</p>	N 848	<p>1. Clean linen room next to room 229 will be provided with positive air pressure by 9/14/13. Exhaust in physical therapy will be operating by 9/14/13.</p> <p>2. All clean linen rooms will be supplied with positive air pressure by 9/14/13.</p> <p>3. Maintenance Director has been instructed on proper areas needing positive air pressure and exhaust.</p> <p>4. Exhaust fans are included on monthly checklist. Positive air supply in clean linen rooms will be included on building safety checklist.</p>	9/14/13

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

80BR21

If continuation sheet 1 of 1

AUG 12 2013